

Preparing for the Threat of Bio-terrorism
REMPSC
Regional Emergency Medical Preparedness Steering Committee
South Central Texas

The September 11 terrorist attacks not only affected Americans' sense of personal safety, they also changed – immediately and dramatically – the way health care providers view disaster preparedness in their communities. Suddenly, in addition to the usual hurricanes and school bus accidents, providers had to start thinking about how they would respond in the event of a terrorist attack. In most communities they knew they were not as well prepared as they needed to be.

In San Antonio and the surrounding region of south central Texas, the health care leadership moved quickly. A group came together, dedicated to improving and expanding bio-terrorism preparedness planning on a regional basis. Approximately 50 organizations throughout the region coalesced to form the Regional Emergency Medical Preparedness Steering Committee (REMPSC).

Within a month after the terrorist attacks, REMPSC held its first formal meeting and laid out both a 60-day work plan and a long-term, “ideal” plan that required additional time and funding to develop and implement.

REMPSC members represent the broad array of health care services in the region, including public health, military medical emergency planning, EMS, acute care and trauma

care. They were well aware of the need for immediate action. Our country had just been attacked. Nobody knew what was next, but this group recognized and acted on the need for a ‘quick and dirty’ plan.

Within 60 days of its first meeting in October 2001, the committee staged a “tabletop exercise” to simulate how health care providers would respond, using available assets, in the event of a bio-terrorist attack. The purpose was to identify gaps in the health system’s ability to respond to this type of emergency and to communicate among providers, law enforcement, and other responders.

The exercise involved a broad spectrum of organizations throughout the south central Texas region, which covers 27 counties and 22,000 square miles. They ranged from the public health system, hospitals, trauma health systems and pharmacists to the San Antonio Emergency Operations Center, fire departments, and the U.S. military’s Joint Forces Command.

Following the exercise, REMPSC performed a gap analysis. The results were encouraging. There were definitely gaps to be filled, but with the strong relationships in place between the various organizations, the communications capabilities were realized as a critical component in addressing the gaps.

One reason that REMPSC was able to move quickly to organize and develop a work plan was that most of its members were already accustomed to working together on emergency

preparedness. Many of the organizations involved in REMPSC were already involved in a well-established working relationship, called the Joint Emergency Management Committee, which was formed by combining separate committees that had been in place at the Greater San Antonio Hospital Council and Bexar County Medical Society. Having in place this long-standing dialogue between local military planners, trauma organizations, hospitals and EMS allowed for smoother and more rapid communication and coordination in addressing bio-terrorism planning issues. An additional critical piece of the common understanding was the recognition that planning must be on a regional basis as opposed to only the large metropolitan area. The experienced players who came together knew all too well that geographical and political boundaries are arbitrary and potentially can cause gridlock in a disaster situation. Thus while the metropolitan area was identified as being at higher risk of an event occurring, it was also recognized that no area could be completely ruled out as a potential disaster site. This consensus helped bring about further unity in purpose, with the recognition that resources from throughout the region could provide the critical support necessary in time of need.

Still another key to the REMPSC's success has been the local and regional public health agencies' role on the committee. The public health authority is historically geared toward surveillance and other traditional 'public health' concerns. So the transition to a role in coordinating pre- and post-acute health care issues has been somewhat new territory for the agency. Nonetheless, public health has now taken a significant leadership role within the REMPSC now that its resources have been expanded.

An initial challenge for the committee was its size. The inclusive nature of the REMPSC forum led to broad, diverse discussions at the meetings. The committee addressed this by establishing a “coordination workgroup” that is made up of the key stockholder’s senior decision-makers, who provide overall guidance to the REMPSC process. Currently, there are seven specified work groups of volunteers addressing prioritized issues:

- Public Health and Surveillance
- Education
- Strategic National Stockpile (SNS)
- EMS/Hospital Disaster Group
- Workforce
- Mental Health
- Radiologic Health

Another challenge for this volunteer collaboration is in its ability to “stay the course” over time. As in many volunteer situations, the initial interest and enthusiasm tends to level off over time unless there is something to keep interest levels high enough so individuals feel compelled to stay involved in addition to the demands of their “day jobs”. What has occurred to impact this in our region is the influx of funding support.

Recently, the state of Texas dispensed federal HRSA funds to each region to support their bio-terrorism preparedness planning efforts. The REMPSC work group on EMS/Hospital Disaster planning (EHDG) was designated by the region’s hospital CEOs to administer the nearly \$700,000 specified for hospitals this first year. For FY 2004, the funding level is to be near \$2,600,000.00.

This funding is a significant step for hospitals. But the workgroup, with its strong direction and leadership did not wait for the money before taking steps to plan and prepare. Instead,

they took action immediately to identify the initial priority areas of need for the region's hospitals and to drill down into hospital-specific implementation programs. These prioritized issues address intra and inter-hospital communications, decontamination supplies, equipment and training, inter-agency security issues, and various infection control issues within the regional 53 hospitals.

The next steps involve further communications and refinements among all the REMPSC groups, with the goal of obtaining long-term funding support for the prioritized needs of the region. With the leadership focused on maintaining and enhancing the coordination among the wide range of organizational interests, the future holds promise of having a region well prepared to protect its citizens.

Special recognition must go to all the individuals who have committed so much of their energies to this process. With the certitude of overlooking those who should be recognized, the following representative list will have to suffice.

W.S. "Chip" Riggins, M.D., Texas Dept. of Health, Region 8
Charles Bauer, M.D., Co-Chair, Joint Emergency Management Committee
Don Gordon, M.D., Co-Chair, Joint Emergency Management Committee
Bill Rasco, President/CEO, Greater San Antonio Hospital Council
Kay Peck, past Executive Director, Bexar County Medical Society
Chief Mike Miller, SAFD, Emergency Operations Coordinator, City of San Antonio
Fernando Guerra, M.D., Medical Director, San Antonio Metropolitan Health District
REMPSC Chairs:

Eric Epley, EHDG Workgroup, Ex. Dir., SW Texas Reg. Advisory Council for Trauma
Jan Patterson, M.D., Education Workgroup, UT Health Science Center, San Antonio
Roger Sanchez, Public Health Workgroup S.A. Metropolitan Health District
Don Morse, DDS, Public Health Workgroup, S.A. Metropolitan Health District
Elizabeth Walter, Strategic National Stockpile Workgroup, USAF (retired)
Richard Rodriguez, Workforce Workgroup, University Health System
Joe Thornton, M.D., Mental Health Workgroup, UT Health Science Center, San Antonio
Martin Meltz, Ph.D., Radiologic Health Workgroup, UT Health Science Center, S.A.

Presented by: Harry E. Smith, FACHE, Chair
Vice President, Greater San Antonio Hospital Council